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MAY 13 2011

# PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION

(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES) PIERCE COUNTY  
ROAD OPERATIONS

Department <b>PW - Roads</b>		Your Department's Risk Management BARS Code: <b>150.200.6200.54290 .46.0030</b>	
Employee Completing Report	Employee Name <b>Fred C Drake</b>		
	Division, Section, Etc. <b>Roads</b>		
	Work Address		Work Phone <b>798 6000</b>
Person Injured/Involved in the Accident or Incident	Name		Age
	Home Address <b>NA</b>		Home Phone
	Occupation		
	Employed By:		Work Phone
	What was the involved person doing at the time of accident or incident?		
Date, Time and Place	Date <b>5-11-11</b>	Time <b>1:30</b>	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
	Location <b>7922 320th St S</b>		
The Injury	Nature and extent of injury		
	Where was injured taken after accident?		Name of Doctor
	Why was injured on premises?		
Property Damage or Theft of Property	Owner's Name		Home Phone
	Address		
	List damage:		
	Police Case #:		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.)		
	<b>Ditching with ditch master and at Phone line that was in the ditch, only 2 inches deep</b>		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #:		
Describe 1st Aid:		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name <b>Ken Ackley</b>	Address	Wk Phone Hm Phone
	Name	Address	Wk Phone Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:		
Date	Signature of Employee <b>Fred C Drake</b>	Signature of Department or Agency Head <b>[Signature]</b>	

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT  
955 Tacoma Avenue South, Suite 303  
Tacoma, WA 98402







